DOCUMENT RESUME

ED 378 738 EC 303 635

AUTHOR Davis, Alan
TITLE Assessment in Psychiatric Rehabilitation: An Approach to Organizing the Early Stages of Casework.
PUB DATE 13 Oct 94
NOTE 17p.; Paper presented at the Annual Conference of the Montana Rehabilitation Association (October 13, 1994).
PUB TYPE Speeches/Conference Papers (150) -- Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Adaptive Behavior (of Disabled); Basic Skills; Behavior Change; Case Studies; Caseworker Approach; *Emotional Disturbances; Independent Living; Intervention; *Psychological Evaluation; *Rehabilitation Counseling; Skill Development; *Vocational Adjustment; *Vocational Rehabilitation
IDENTIFIERS *Psychiatric Rehabilitation

ABSTRACT

Traditional cure-then-place approaches to vocational rehabilitation of individuals with psychiatric disabilities have had little success. An approach known as psychiatric rehabilitation, advanced by William Antony, emphasizes occupational and independent living adjustments and has a relative lack of emphasis on a psychiatric cure. Such approaches have enjoyed greater success by focusing on the promotion of adaptive behaviors in role-related environments. In the planning phase of this approach, the rehabilitation counselor and consumer identify roles the consumer wishes to function within, then determine the critical skills necessary for success, and locate resources that can be used to promote success in the environments specific to the selected roles. A case example shows the steps involved in assessment and planning, and interventions designed to promote two critical skills are illustrated. The key to success is specificity of skill identification in terms of location, frequency, and duration. (JDD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

EC

ED 378 738

Paper presented at the Annual Conference of the Montana Rehabilitation Association October 13, 1994

Assessment in psychiatric rehabilitation: An approach to organizing the early stages of casework

Alan Davis, Ph.D.

Montana State University/Billings

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Alan Davis
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Introduction

The need for effective approaches to the vocational rehabilitation of persons with psychiatric disabilities is critical. As many as 40 million people in the United States may have psychiatric impairments. Of this number, four to five million are severely disabled by a psychiatric condition. It has been estimated that as many as 85% of this group may be chronically unemployed (Doherty, 1993).

Since the Americans with Disabilities Act became operational in 1992, increased numbers of persons with psychiatric disabilities have been referred for vocational rehabilitation services. Rehabilitation counselors are typically unprepared for the special challenges presented by this consumer group. There is little in the documented history of psychotherapy that would appear to be encouraging. Programs employing traditional approaches have ordinarily not produced results that are distinguishable from those observed in control groups.

The traditional approach to rehabilitation of individuals with psychiatric disabilities has been based on a cure-then-place model. This traditional model presumes that it is necessary to achieve a cure of the psychiatric condition prior to placing the individual successfully in employment or independent living. The

EC 303635

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

BEST COPY AVAILABLE

primary disadvantage to the cure-then-place model has been the fact that, despite three decades of advances in the field of psycho-pharmacology, little progress has been made in understanding the causes of mental illness or in bringing about lasting cures.

Over the past decade the most promising new approach in this area is the psychiatric rehabilitation model advanced by William Antony, his students and associates (Antony, Cohen and Farkas, 1990). What sets psychiatric rehabilitation apart most prominently from other approaches is it's emphasis on occupational and independent living adjustments, and relative lack of emphasis on a psychiatric cure. As Antony, et.al., (1990) point out, there are at least three important aspects from which a psychiatric condition can be regarded. The aspect of impairment focuses on the particular symptoms of a mental health condition. In the case of schizophrenia, specific impairments may include delusions, hallucinations and inappropriate affect. The aspect of disability refers to the vocational and independent living implications of these symptoms. For example, the inability to satisfactorily follow verbal instructions from a supervisor on the job may be the direct result of auditory hallucinations. A third aspect referred to as handicap is concerned with the conditions that result from the disability. In the case described above, unemployment and homelessness may be the result of the consumer's inability to follow work related instructions. While traditional approaches to serving persons with psychiatric disabilities have focused on relief of the impairment, psychiatric rehabilitation is concerned almost exclusively with seeking means to compensate for the disability. In so doing, psychiatric rehabilitation methods have tended to focus on promoting the acquisition of adaptable skills and environmental modifications. Within that general focus and

set of defining characteristics, many programmatic approaches qualify as psychiatric rehabilitation, including job clubs, transitional employment and supported employment. Among these programs, successful vocational placements have been variously reported from 40 percent to 90 percent (Azrin & Phillip, 1980; Nichols, 1989; Ruffner, 1986).

Assessment is especially important in psychiatric rehabilitation because it is the basis of planning and service delivery. Rather than seeking definition of symptoms for the purpose of diagnostic categorization of the consumer, assessment is here viewed as the identification of skill needs in relation to environmental demands. The remainder of this paper will illustrate the role and special focus of assessment in the psychiatric rehabilitation process.

Assessment and the Psychiatric Rehabilitation Process

The psychiatric rehabilitation assessment process consists of three major stages (Antony, et.al., 1990). The first stage is diagnosis. In this context, diagnosis has a specific operational definition. A psychiatric rehabilitation diagnosis must identify the overall rehabilitation objective of the consumer. All subsequent rehabilitation related activities are undertaken in pursuit of this goal. A psychiatric rehabilitation diagnosis must also involve an assessment of the skill demands particular to the environments in which the consumer wishes to function, as well as the resources and supports available to the consumer within those environments. Finally, a psychiatric rehabilitation diagnosis must identify the goal-related skills already possessed by the consumer as well as those skills that need to be developed.

The second stage of the psychiatric rehabilitation process is a planning stage. The rehabilitation counselor and consumer must work closely together in

order to develop a detailed plan for utilizing supportive resources in the environments in which the consumer wishes to function, and to assist the consumer in developing the necessary skills to function in those environments.

A third stage of the psychiatric rehabilitation process is that of intervention. In this stage environmental resources and supports are developed or modified as needed. Teaching of specific skills may be undertaken as well as coordination of services and supports in accordance with the rehabilitation plan. The intervention stage proceeds until it is appropriate to close the case.

It is clear from reviewing this process that assessment plays a pivotal role in influencing the success of subsequent rehabilitation activities. In order to be effective, assessment in psychiatric rehabilitation must be based on careful observations of the environments in which the consumer wishes to function, and on systematic and detailed interviewing. Assessment should seek to identify critical roles, skills, impairments and environments related to the consumer's rehabilitation objectives.

Assessment must identify the major roles in which the consumer wishes to function. In addition to roles that are primarily occupational, it is important to identify those roles which may be essentially social or instrumental in the consumer's life. Examples could include such roles as family member, friend, employee, student, tenant, property owner, registered voter, and so on. Roles should not be overlooked merely because they are time limited or narrowly specific. Any role that is important to the consumer may be a vital part of an overall life adjustment. The rehabilitation counselor will want to distinguish between those roles that may be current and those that may be past or future.

Assessment in psychiatric rehabilitation must also identify the critical adaptive skills necessary for the consumer to function in the desired roles. Each desired role will present a host of specific skill demands. The counselor and consumer are encouraged to examine the following areas; problem solving, grooming, domestic activities, health management, money management, transportation, leisure, job-seeking skills, occupational skills, and social skills.

Another important area that must be considered in a psychiatric rehabilitation assessment concerns impairments that result from the nature of the disability itself. The counselor must attempt to determine whether the consumer's capacity to acquire and utilize the skills associated with desired roles is significantly reduced by some aspect of the disabling condition. One area of specific concern is that of motivational factors such as the capacity for the activation and direction of behavior, as well as self-assurance, persistence and the ability to recover from setbacks. Another area of assessment focus is that of cognitive capacities such as the ability to concentrate and pay attention, to organize information, and to make valid and useful attributions on the basis of information. It must be noted by the rehabilitation counselor whether motivational or cognitive capacities are affected by such psychiatric symptoms as delusions, hallucinations, disordered thought or inappropriate affect, as these conditions will require specific accommodations in relation to the demands of various environments.

A psychiatric rehabilitation assessment must pay considerable attention to the demands and resources that characterize the specific environments in which the consumer wishes to function. Rehabilitation counselors should assess the physical demands of the consumer's place of residence, the location of

occupational activity, specific environments associated with avocational activities, and whatever incidental environments may be part of the consumer's daily life such as those involved with transportation. The rehabilitation counselor should also be aware that the consumer may move through distinctly different interpersonal environments particular to desired roles, including those of family, friends, co-workers and others.

A Case Example

In order to understand the psychiatric rehabilitation approach it is helpful to review a casework example. The following case profile will serve to illustrate Antony's method of focusing on critical skills and linking the functions of assessment, planning and service provision. The following characterization represents a fictional consumer who experiences difficulties and challenges not unlike those faced by many individuals with psychiatric disabilities.

> Jerry is a 31 year old male, with a history of poor family and interpersonal relationships throughout his youth and teen years. He was diagnosed with bipolar disorder early in adulthood and has worked with numerous psychiatrists, psychologists, physicians and mental health professionals, both private and public. He has had little contact with his family since 1986, with the exception of his brother whom he sees several times weekly. He has been in treatment twice for alcohol abuse, and is not currently active in any aftercare program because he does not feel they have anything to offer him. He is presently taking lithium, but has a history of non-compliance with medication. While he does see a physician for his meds, he is not participating in any other form of therapy. He reports a nomadic lifestyle, with a sporadic work history. He has had gaps in employment, and has been homeless at times either living on the streets or in his van. He has worked in unskilled labor positions and as a truck driver, but lost his operators license due to a DUI. He reports losing most of his jobs because of not being able to get along

with a co-worker or supervisor. He reacts to conflict by "blowing up". On such occasions he was either fired or walked off the job. He does not appear to have insight into the effect his behavior has on others, and will not accept responsibility for his role in conflicts.

In addressing this case the rehabilitation counselor would attempt to identify the critical skills necessary for the consumer to function successfully in his desired roles. For this example we will concentrate on the consumer's intended occupational role of tool-room attendant. One skill that would be critical to Jerry's success would be that of accepting supervision without reacting angrily. The counselor would first identify whether the skill was present or absent. Then it is necessary to determine as accurately as possible the percentage of times per week the consumer is demonstrating the targeted behavior, and what percentage is needed. In this case, it is necessary for Jerry to demonstrate this behavior ninety percent of the time in order to be successful in his occupational environment. Next, the counselor must find out whether the behavior can be prompted, or if it does not exist within the consumer's behavioral repertoire. These considerations are recorded as on the form illustrated in Figure 1.

Figure 1 about here

In this example it is also the case that the consumer uses alcohol in his social environment. This use threatens his capability to succeed in maintaining vocational success and independence, therefore behaviors must be targeted that will help the consumer overcome this problem. As shown in Figure 1, the counselor and consumer have determined that Jerry must learn to refuse invitations to drink from friends that live in his apartment building. Notice that in

this example Jerry is presently refusing these invitations fifty percent of the time, and in order to be successful must learn to refuse one hundred percent of the time.

The next task in organizing the case involves resource identification. In this example the counselor and consumer have determined that positive supervisory reinforcement is essential in maintaining the critical skill of accepting supervision. It has been initially determined that ten times per week should be sufficient. These calculations are shown in Figure 2.

Figure 2 about here

To help Jerry refuse drinking invitations, his brother and selected friends have been identified as key resources in helping him plan activities that will promote success in his chosen roles. Since weekends are the greatest at risk times, it has been determined that twice per week should be adequate.

The next step in organizing the case materials involves planning for specific interventions. To promote the targeted behavior of listening to his supervisor, direct skills teaching will be used. The counselor has arranged for Jerry's supervisor to be the individual to provide this intervention, and it will be provided for a period of five weeks. To encourage refusal skills, the resources of Jerry's brother and friends will be coordinated for a period of six weeks. These planned interventions are shown in Figure 3.

Figure 3 about here

Summary

Traditional cure-then-place approaches to vocational rehabilitation of individuals with psychiatric disabilities have had little success. Current approaches, known collectively as psychiatric rehabilitation, have enjoyed greater success by focusing on the promotion of adaptive behaviors in role related environments. To effectively serve individuals with psychiatric disabilities it is necessary in the planning phase for the rehabilitation counselor and consumer to identify roles the consumer wishes to function within, then determine the critical skills necessary for success, and locate resources that can be used to promote success in the environments specific to the selected roles. An example of a fictional consumer was provided in order to show the steps involved in assessment and planning. Interventions designed to promote two critical skills were illustrated. In actual case planning we may assume that many more skills would be required for a complete rehabilitation program. Counselors are encouraged to remember that the key to success with this method is specificity of skill identification in terms of location, frequency and duration.

References

Antony, W., Cohen, M., Farkas, M. (1990). Psychiatric rehabilitation. Boston: Center for Psychiatric Rehabilitation.

Azrin, N., Phillip, R. A. (1980). The job club method for the handicapped: A comparative outcome study. Rehabilitation Counseling Bulletin, 23, 144-155.

Doherty, J. (1993). Strategies to secure and maintain employment for people with long-term mental illness. Rehab Brief, 15(10), 1-4.

Nichols, M. (1989). Demonstration study of a supported employment programs for persons with severe mental illness: Benefits, costs, and outcomes. Unpublished master's thesis, Indiana University- Purdue University at Indianapolis.

Ruffner, R. H. (1986). The last frontier: Jobs and mentally ill persons. Psychosocial Rehabilitation Journal. 9(3), 35-42.

Figure 1

Skills Assessment Chart

+/-	Critical Skills	Skill Use Description	Spontaneous Present	Spontaneous Needed	Prompted Yes	Prompted No	Performance Yes	Performance No
-	accepting supervision	Percentage of times Jerry accepts work related instructions from his supervisor in a non-defensive manner	0% of times/ week	90% of times/ week	✓		✓	
-	refusing alcohol on weekends	Percentage of times Jerry says "no" to friends suggestions that they binge drink on weekends	50% times/ week	100% times/ week	✓		✓	

from Antony, Cohen & Farkas, 1990

Figure 2

Resource Identification Chart

+/-	Critical Resources	Resource Use Descriptions	Present	Needed
-	Supervisor Reinforcement	Number of times supervisor praises Jerry for accepting suggestions and following instructions accurately	1 time/week	10 tim wee
-	Social support	Number of times/week friends and relatives help Jerry plan non-alcoholic activities	0 times/ week	2 time wee

from Antony, Cohen & Farkas, 1990

Figure 3

Rehabilitation Plan

Priority Skill/Resource Development Objectives	Interventions	Person(s) Responsible	Starting Dates	Completion Dates
Jerry listens to work related suggestions from his supervisor and does not react angrily, or argue	Direct skills teaching	Supervisor	April 20	May 29
Jerry plans non-alcoholic activities for the weekend with friends and relatives, and say "no" to friends who suggest drinking	Resource coordination	Brother and friends	April 14	May 29

from Antony, Cohen & Farkas, 1990